

National Park Service
CASTILLO DE SAN MARCOS NATIONAL MONUMENT
Application for Special Use Permit

Please supply the information requested below. Use additional sheets if necessary. Allow at least four (4) business days for processing. A non-refundable processing fee of fifty dollars must accompany this application. Please make checks payable to the National Park Service. You will be notified of the disposition of the application and the necessary steps to secure your final permit. (Note: there may be additional fees charged, and you **may** be required to provide proof of liability insurance.)

Applicant Name: _____ Social Security # _____

Organization Name (if applicable): _____ Tax ID # _____

Street/Address: _____

City/State/Zip Code: _____

Telephone number: _____

Description of Proposed Activities: _____

Requested Location: _____

Date (s): _____ Set-up will begin at (time): _____ Event

will begin at: _____ Removal will be completed by: _____

Maximum Number of Participants _____ (Please provide best estimate)

Maximum Number of Vehicles _____ (attach parking plan)

Support Equipment (generators, amplification, etc.) _____

Support Personnel (contractors, etc.) _____

Individual (if other than applicant) in charge of event on site: _____

Is this an exercise of First Amendment Rights? Y N

Are you familiar with/ have you visited the requested area? Y N

Do you plan to advertise or issue a press release? Y N

Will you distribute printed material? Y N

Is there any reason to believe there will be attempts to disrupt,
protest or prevent your event? (if yes explain on separate sheet) Y N

The applicant by his or her signature certifies that all the information given is complete and correct, and that no false or misleading information or false statements have been given.

Signature _____ Date _____

Return this application to: Special Use Permit Coordinator
Castillo de San Marcos National Monument
1 South Castillo Drive, St. Augustine, FL 32084
Phone (904) 829-6506 ext - 246 - Fax (904) 824-3817

Paperwork Reduction Act Statement: This information is being collected to allow the park manager to make a valued judgement on whether or not to allow the requested use. All the applicable parts of the form must be completed.

Estimated Burden Statement: Public burden for this form is estimated to average 30 minutes per response including the time it takes to read, review instructions and complete the form. Direct comments regarding this burden estimate or any aspects of this form to the National Park Service Program Manager, Special Park Uses, Ranger Activities Division, 1849 C Street, NW, Washington, D.C. 20240. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number.